State of South Dakota

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OCT 3 1 2002

Candidate's or Committee's Report of Receipts and Expenditures

OF STATE

RECEIVED

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of Page 2013
SUU E Capitol Ave, Pierre, SU 3/301-3070
S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee Women's CAMPAIGN FUND
Complete Mailing Address 734 15TH STRIET, NW, STE 500 WASHINGTON DC 20005
Name of Person Making Report Susan Modals Phone 202-393-8/64
If you are a candidate, what office are you seeking
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book) PRE. GENERAL
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10-26-2002
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I SUSAN MEDALIE (print name legibly), certify
that I have examined this report and to the best of my knowledge and
belief it is true, correct and complete.
Date: 10-30-02 Son Madalie
Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001
2-13.03 L Mulho

for the reporting p	eriod ending 10.26.0	20	
	Schedule A - Direct (Contributions	
out for this report you may opolitical parties and enter the he next page. Any contributor political party and all contributes amount to page address a second contributes amount to the amount of the		or less from individuals and toons on their respective lines be gate during a calendar year frontered as a separate item (item icable) of the contributor. Eac	ne same from elow and on m an individual ized) giving h type of
Unitemized Contribu	tions from Individuals:	· •	*\$ j05.00
Itemized Contributi Name	cns from Individuals Residence Address	Place of Employment (Name of Employer)	
SHARON STROSCHEIN	37302 143RD STRILT MANJFIELD, SD 57460	SINATOR TIM JOHNSON	\$ <u>/00.00</u>
POILY W. GUTH	CORNING NY 14830	WOOD COCK FOUNDATION	\$ 2500.00
<u> </u>			\$
			\$
	·		\$ s
			\$
			\$
		<u> </u>	\$ \$
			\$
			\$
			\$ \$
			\$
			\$
		1	\$

For the reporting period ending_	10.26.02	
Schedule A - Dir	ect Contributions (continued	1)
Unitemized Contributions from Po	olitical Parties:	*\$ <u> </u>
Itemized Contributions from Poli	tical Parties	
Party Name	Address	
		\$
		\$
Total of Itemized Contributions	from Political Parties:	*\$
Itemized Contributions from Pol: (All contributions from I PAC Name		
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		<u> </u>
		\$
		 1
		\$
		\$ \$
		\$\$ \$\$
		\$\$ \$\$ \$\$
		\$\$ \$\$

Name of Candidate	or Committee Wor	MEN'S CAMPAIGN	Fund_
	period ending /0		
	Schedule B - Fund-l	Raising Events Proc	eeds
darived from each event	d-raising events held to raise. If a contributor gives more an \$100 in the calendar year	e than with or meir commit	MINOU ICANITA III MICH
Type of Event		Net Proceeds	
			Ò
			Total: \$
	Schedule C - Ir	Nind Contributions	R.
	— — — — — — — — — — — — — — — — — — — 		U
Report all non-cash con exceeds \$100, the name	tributions of goods or service	es and the estimated fair ma	arket value. If the value
Report all non-cash conexceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair ma	arket value. If the value
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair me e address and place of emp	arket value. If the value loyment must be reported.
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair me e address and place of emp	arket value. If the value loyment must be reported.
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair me e address and place of emp	arket value. If the value loyment must be reported.
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair me e address and place of emp	arket value. If the value loyment must be reported.
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair mage address and place of emp. Estimated Value	arket value. If the value loyment must be reported. Name of Contributor
exceeds \$100, the name	tributions of goods or service of the contributor, residence	es and the estimated fair mage address and place of emp. Estimated Value	arket value. If the value loyment must be reported.
exceeds \$100, the name	tributions of goods or service of the contributor, residence sh Contribution	es and the estimated fair mage address and place of emp. Estimated Value	arket value. If the value loyment must be reported. Name of Contributor
Nature of Non-Ca	tributions of goods or service of the contributor, residence sh Contribution	es and the estimated fair many end address and place of emp. Estimated Value	arket value. If the value loyment must be reported. Name of Contributor Total: \$
Nature of Non-Ca	schedule Coort any refunds, interest ear	es and the estimated fair many end address and place of emp. Estimated Value	arket value. If the value loyment must be reported. Name of Contributor Total: \$

Total: \$_____

Name	of	Candidate	or	Committee	Wonzn's	CAMPAIGN	FUND	
For t	:he	reporting	per	riod ending	10-26-	0Z		

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Item	Amount	Contributions	Made	to	Candidates	and	Committees:
Advertising	#						
Consulting							
Postage							
Printing							
Rent							
Salaries							
Telephone							
Travel							
Utilities							
Other Expens	BES: CONTRIBUTIO	ع.م. ع.م.					
STEPHANIE H	ERSETH		9-6	-0	2 8	500.	0()
HERSETH PO BOX 11	FOR CONGRESS		10-11	1-6		25a.	
_	5D 5740Z						
KATE LOUI		E STATE			\		
	. SECRETARY OF HARVARD DRIVE	3/K/L	10.1	6.0	7	250	,00
	15 SD 57106						

Total Expenditures: \$ /,000.00

For the reporting p	Schedule F - Debts and Ob	ligations
This schedule is to report al reporting period. If a servi	l of the candidate's campaign obligations ce has been contracted but not billed, esti	which are unpaid at the end of the
Owed To	Purpose	Amount
7		

Total Obligations: \$_____

Name	of Candidate or Committee Women	'S CAMPAIGN FUND	
For	the reporting period ending 10-26	,-07	
	Summary	y Page	
This Pleas	summary sheet will give a brief outline of all campa e transfer all totals from the schedules previously co	ign finance activity during this rempleted.	eporting period.
1.	Amount on hand, if any, at beginnin	g of reporting period	\$ 85.00
2.	Receipts	2,705.00 sm	
	Schedule A - Direct Contributions	\$_205.00	
	Schedule B - Fund-Raising Events	\$ <u> </u>	
	Schedule C - In Kind Contributions	\$ <u> </u>	
	Schedule D - Other Income	\$ 0	
	Total of all receipts	\$ 205.00	
з.	Total Monetary Receipts (A+B+D)		\$ 2,705.00 ==
4.	Candidate's Personal Contribution t	o Own Campaign	\$ <u> </u>
5.	Monetary Loans to Candidate or Comm Reporting Period	aittee During	\$
6.	Monetary Loans Repaid During Report	ing Period	\$ <u> </u>
7.	Expenditures - Schedule E		\$ <u>1,000.00</u>
8.	Unpaid Obligations - Schedule F	\$ <u> </u>	
9.	Amount on hand at the close of this This should equal lines (1+3+4+5)-	s reporting period. (6+7)	1,705.00 sa \$ -710.00